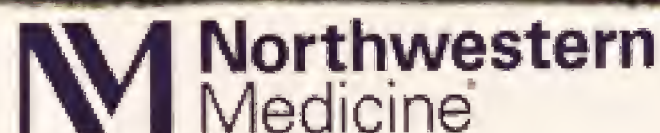


Statement of Services

Page 2

	Date of Service	Description of Services	Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
Hospital Services	05/15/19- 05/20/19	Room & Board - Semi-Private Two Bed (Medical OR General) - Psychiatric	\$ 16,480.00			
Account [REDACTED]		Medical/Surgical Supplies And Devices - General Classification	\$ 6.75			
Central DuPage Hospital		Laboratory - General Classification	\$ 3,777.50			
		Laboratory - Chemistry	\$ 402.50			
		Other Imaging Services - Ultrasound	\$ 2,108.75			
		Emergency Room - General Classification	\$ 3,999.00			
		Pharmacy - Extension of 025x - Self-Administrable	\$ 332.50			
		Drugs (B)				
		Ekg/Eeg (Electrocardiogram) - General Classification	\$ 876.50			
		Behavioral Health Treatments/Services - General Classification	\$ 1,911.00			
		Adjustments & Payments		-8,968.35		
		Total \$	29,894.50	-8,968.35	0.00	\$20,926.15
Professional Services	05/15/19- 05/20/19	Initial Hospital Care/Day 70 Minutes	\$ 372.00			
Account [REDACTED]		Adjustments & Payments		-111.60		
Hardek, John, MD						
Central DuPage Hospital						
		Total \$	372.00	-111.60	0.00	\$260.40
Professional Services	05/15/19- 05/20/19	Sbsq Hospital Care/Day 25 Minutes	\$ 145.00			
Account [REDACTED]		Adjustments & Payments		-43.50		
Jansen, Jonathan W., DO						
Central DuPage Hospital						
		Total \$	145.00	-43.50	0.00	\$101.50
Professional Services	05/15/19- 05/20/19	Initial Inpatient Consult New/Estab Pt 110 Min	\$ 495.00			
Account [REDACTED]		Adjustments & Payments		-148.50		
Binius, Tracy, MD						
Northwestern Regional Medical Group						

(Continued on next page)

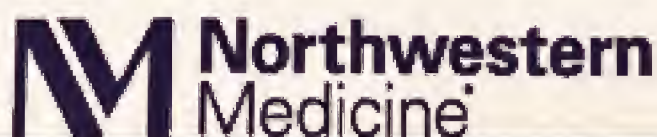


Guarantor ID [REDACTED]
 Patient Arline M Feilen
 Statement Date 07/19/2019

Statement of Services

Page 3

	Date of Service	Description of Services	Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
		Total \$	495.00	-148.50	0.00	\$346.50
Total All Services			\$ 30,906.50	-9,271.95	0.00	\$21,634.55



Guarantor ID [REDACTED]
 Due Date 08/09/19
 Minimum Amount Due \$ 21,634.55
 Amount I Am Paying \$ 21,634.55

Credit Card ☐ VISA ☐ ☐ ☐ ☐

Card # [REDACTED]
 Cardholder Name [REDACTED] Exp Date [REDACTED]
 Signature [REDACTED]

Stmnt Inv # [REDACTED]

Northwestern Medicine
 PO Box 4090
 Carol Stream, IL 60197-4090

WINFIELD LABORATORY CONSULTANTS, SC

Phone: 800/596-7395
 Fax: 616/954-2800
 Website: www.mymedicalme.com
 Hours: Mon - Fri | 8:00am - 8:00pm Eastern

page 1 of 3

ID Number

Name

Statement Date

Statement Number

ARLINE M FEILEN

9/11/2019

1

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by WINFIELD LABORATORY CONSULTANTS, SC.

Statement Summary

Total Amount Due: **\$633.00**

OR- You may also make minimum monthly payments:

Monthly Payment Amount: **\$52.75**

Monthly Servicing Fee: **\$0.00**

Full Pmt OR Monthly Pmt Due By:

10/10/2019

Monthly Pmt Option

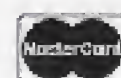
\$52.75



PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

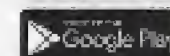
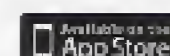
Payment Options

We gladly accept checks and the following major credit cards:



Pay Online or Using our App

- www.mymedicalme.com
- App: MyMedicalMe



Pay by Mail

- Include your "ID Number" on your check
- Make checks payable to:
WINFIELD LABORATORY CONSULTANTS, SC
- Include payment stub below in envelope provided



Pay by Phone

- Call toll free: 800/596-7395

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Monthly Payment Plan:** To assist you with the payment of your account, we are offering you a payment arrangement option for 12 months.

By paying the exact minimum balance above, you agree to a monthly payment of \$52.75, which includes a monthly service fee of \$0.00.

Additionally, all accounts and charges on this statement will be combined into one payment plan account on future statements. If you would like additional payment options, please refer to our Website at www.mymedicalme.com or call our office at 800/596-7395 (additional fees may apply).

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

WINFIELD LABORATORY CONSULTANTS, SC
 PO BOX 120153
 GRAND RAPIDS MI 49528-0103

Phone: 800/596-7395
 Hours: Mon - Fri | 8:00am - 8:00pm Eastern;

ID Number

Statement Number

Min Amt Due

Due Date

Amt Enclosed

\$52.75

10/10/2019

MAKE CHECK PAYABLE & REMIT TO:

WINFIELD LABORATORY CONSULTANTS, SC
 PO BOX 88087
 CHICAGO IL 60680-1087

Details for services rendered by WINFIELD LABORATORY CONSULTANTS, SC.

If you are uninsured, you may qualify for financial assistance. Please contact us for more information.

Accounts Not on Payment Plans:

• **Account Number:** [REDACTED] - charges associated with account:

Note: This account is current and is due on 10/10/2019.

Date of Srv:	5/15/2019	Orig Balance:	98.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80050AA: GENERAL HEALTH PANEL	Charge Payoff:	98.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srv:	5/15/2019	Orig Balance:	100.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80307EC: HB DRUG SCREEN ONE/MULT C	Charge Payoff:	100.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srv:	5/15/2019	Orig Balance:	33.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80320EA: HB DRUG SCREEN QUANTALCOH	Charge Payoff:	33.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srv:	5/15/2019	Orig Balance:	33.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	81001EA: HB URINALYSIS AUTO W/SCOP	Charge Payoff:	33.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srv:	5/15/2019	Orig Balance:	40.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	82728EA: CHEMISTRY	Charge Payoff:	40.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srv:	5/15/2019	Orig Balance:	12.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	83540EA: CHEMISTRY	Charge Payoff:	12.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srv:	5/15/2019	Orig Balance:	23.00
---------------------	-----------	----------------------	-------

[REDACTED]



Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	84439EA: CHEMISTRY	Charge Payoff:	23.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srvc:	5/15/2019	Orig Balance:	33.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	84466EA: CHEMISTRY	Charge Payoff:	33.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srvc:	5/15/2019	Orig Balance:	49.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	84481EA: CHEMISTRY	Charge Payoff:	49.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srvc:	5/16/2019	Orig Balance:	167.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80074EA: HB ACUTE HEPATITIS PANEL	Charge Payoff:	167.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Date of Srvc:	5/16/2019	Orig Balance:	45.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	86038EA: IMMUNOLOGY	Charge Payoff:	45.00
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
-----------------------	-------------	--------------------	----------------------

Total Account Payoff:	633.00
Min Amt Due:	633.00
unless a payment plan is established	

